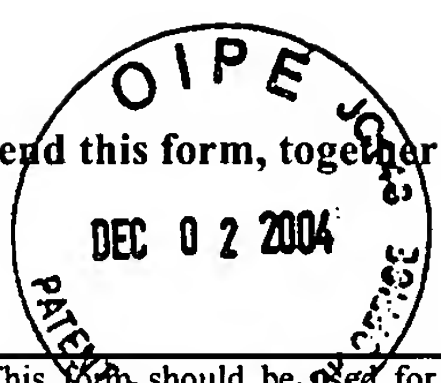


12-06-04



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

7590 09/29/2004

Bell, Boyd & Lloyd LLC
P.O. Box 1135
Chicago, IL 60690-1135
12/07/2004 RMEBRAH1 00000165 10661989

01 FC:2501 685.00 OP
02 FC:1504 300.00 OP
03 FC:8001 15.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/661,989	09/11/2003	Judith Franks-Farah	0110430-031	9330

TITLE OF INVENTION: MALE CLEAN INTERMITTENT CATHETER SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	12/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUI, LUAN KIM	3728	206-571000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	BELL, BOYD & LLOYD LLC 2 _____ 3 _____
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) : ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies <u>5</u>	4b. Payment of Fee(s): <input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number <u>02-1818</u> (enclose an extra copy of this form).
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

5. Change in Entity Status (from status indicated above)

<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Adam H Masia Date December 2, 2004
Typed or printed name Adam H. Masia Registration No. 35,602

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Judith Franks-Farah et al.
Appl. No.: 10/661,989
Filed: September 11, 2003
Title: MALE CLEAN INTERMITTENT CATHETER SYSTEM
Art Unit: 3728
Examiner: Luan Kim Bui
Docket No.: 0110430-031

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 CFR 1.10

Sir:

I hereby certify that the following documents relating to the above-identified application:

1. Transmittal of Payment of Issue Fee in duplicate;
2. Part B – Fee(s) Transmittal in duplicate;
3. A check in the amount of \$1,000.00;
4. Return Receipt Postcard.

are being deposited with the United States Postal Service with sufficient postage as

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on December 2, 2004.

Respectfully submitted,

BELL, BOYD & LLOYD LLC

Heather Foster

Name of Person Mailing Correspondence



Signature

EV511586316US

Express Mail Mailing Label Number

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)

Docket No.
0110430-0031

Applicant(s): Judith Franks-Farah et al.

Application No.
10/661,989

Filing Date
September 11, 2003

Examiner
Luan Kim Bui

Customer No.
24573

Group Art Unit
3728

Confirmation No.
9330

Invention: MALE CLEAN INTERMITTENT CATHETER SYSTEM

Mail Stop Issue Fee
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

☒ Issue Fee Transmittal Form PTOL-85

☒ Utility Fee: \$ 685.00 ☐ Design Fee: ☐ Plant Fee:

☒ Publication Fee: \$ 300.00

☒ A check in the amount of \$1,000.00 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-1818 as described below.

☐ Charge the amount of

☒ Credit any overpayment.

☒ Charge any additional fee required.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.



Signature

Dated: December 2, 2004

Adam H. Masia, Reg. No. 35,602
BELL, BOYD & LLOYD LLC
P.O. Box 1135
Chicago, Illinois 60690-1135
(312) 807-4284

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22313-1450" [37 CFR 1.8(a)] on

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